

CONTRACT REVIEW

1. Date Reviewed	2. Contract or Agreement No:	3. Program
4. County		5. Name and Address

6. Progress in applying plan.			
CIN	Practice	Amount	Units
			Completed
7. Revision of plan or modification of contract or agreement needed:			
CIN	Practice	Amount	Units
			Planned Date
8. Need for technical assistance:			
CIN	Practice	Amount	Units
			Planned Date
9. Land is still under control of the participant <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a. If the answer to item 9 is NO, provide explanation:			
10. Signatures			
Designated Conservationist:			

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According to the Paper Work Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 0.69 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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